



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

Plan Year: October 1, 2025 - September 30, 2026

MANAGEMENT - BOARD - CONFIDENTIAL

Updated: 6/20/2025

MEDICAL PLAN OPTIONS								
MONTHLY PREMIUM- (Medical & Prescription)		4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
		\$2,608	\$2,433	\$2,144	\$1,571	\$1,631	\$1,224	\$1,329
CALENDAR YEAR DEDUCTIBLE	Per Individual	\$100	\$500	\$500	\$2,000	\$1,700	\$6,500	\$5,000
	Per Family	\$200	\$1,000	\$1,000	\$4,000	\$3,400	\$13,000	\$10,000
COPAY	Your cost after deductible is met	10%	10%	20%	20%	10%	30%	30%
CALENDAR YEAR OUT - OF - POCKET MAXIMUM	Per Individual	\$1,250	\$1,750	\$3,250	\$6,350	\$5,000	\$8,000	\$7,000
	Per Family	\$2,500	\$3,500	\$6,500	\$12,700	\$10,000	\$16,000	\$14,000
	Per individual in a family	\$1,250	\$1,750	\$3,250	\$6,350	\$5,000	\$8,000	\$7,000
OFFICE VISIT COPAY		\$20	\$20 Primary \$40 Specialty	\$30	Paid at 80% after deductible is met	Paid at 90% after deductible is met	\$60 Primary \$90 Specialty after deductible is met	\$60 up to 3 visits/ Paid at 70% after deductible is met
MD LIVE COPAY		\$0	\$0	\$0	\$0	Paid after deductible is met	Paid after deductible is met	\$0

PRESCRIPTION PLAN NAME	B	C / WELLNESS	D	HDHP-1 , HDHP-3, & BRONZE
Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan	Retail (30 day supply): \$7 Generic \$15 Preferred Brand Name \$30 Non-Preferred Brand	Retail (30 day supply): \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand	Retail (30 day supply): \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred \$150 Brand Deductible	Retail (30 day supply): Paid after deductible is met \$25 Generic \$50 Brand Name
	Mail Order (90 day supply): \$15 Generic \$35 Preferred Brand Name \$70 Non-Preferred Brand	Mail Order (90 day supply): \$15 Generic \$60 Preferred Brand Name \$90 Non-Preferred Brand	Mail Order (90 day supply): \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	Mail Order (90 day supply): \$50 Generic \$100 Brand Preferred

DISTRICT & EMPLOYEE COST	PLAN CHOICES	4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
Misc. Information: Management/Board/Confidential employees pay insurance premiums one month in advance : Example-The premium paid in August is for the month of September coverage. District Monthly Cap: \$918.65	Medical/Prescription	\$2,608.00	\$2,433.00	\$2,144.00	\$1,571.00	\$1,631.00	\$1,224.00	\$1,329.00
	Vision C \$15 Copay	\$24.28	\$24.28	\$24.28	\$24.28	\$24.28	\$24.28	\$24.28
	Dental Unlimited Annual	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79
	Total Monthly Package Cost	\$2,760.07	\$2,585.07	\$2,296.07	\$1,723.07	\$1,783.07	\$1,376.07	\$1,481.07
	Total Annual Package Cost	\$33,120.84	\$31,020.84	\$27,552.84	\$20,676.84	\$21,396.84	\$16,512.84	\$17,772.84
	Less District Paid Annual CAP	-\$11,023.76	-\$11,023.76	-\$11,023.76	-\$11,023.76	-\$11,023.76	-\$11,023.76	-\$11,023.76
	Total Annual Cost to Employee	\$22,097.08	\$19,997.08	\$16,529.08	\$9,653.08	\$10,373.08	\$5,489.08	\$6,749.08
Employee cost will differ from listed prices for late starts or mid year hires	10 Month Employee Cost (Contract Aug-May)	\$2,209.71	\$1,999.71	\$1,652.91	\$965.31	\$1,037.31	\$548.91	\$674.91
	11 Month Employee Cost (Contract Aug-May)	\$2,008.83	\$1,817.92	\$1,502.64	\$877.55	\$943.01	\$499.01	\$613.55
	12 Month Employee Cost (Contract July-June)	\$1,841.42	\$1,666.42	\$1,377.42	\$804.42	\$864.42	\$457.42	\$562.42